

HOSPITAL PUBLIC RELATIONS

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During the past quarter century the value of good public relations has become increasingly well recognized by big business and all other large organizations, including the Military. Service hospitals occupy a most unique position in this field in that no other institutions are so sensitive to adverse publicity, but conversely no others are in a position to so favorably influence public opinion - not only of themselves but also of their parent organizations and the Armed Forces as a whole.

The plight of a serviceman lying ill or wounded in a military hospital immediately becomes a source of intense vicarious interest to everyone whose next of kin ever has been, is now, or ever may be placed in a similar position. Thus, any real or fancied grievance expressed by these patients is subject to exaggeration by their families, their friends, and frequently by their entire home town populace. On the other hand, good treatment and sympathetic care should be equally well recognized and as widely discussed, but this will not occur so spontaneously; a catalyst is needed, and only by the knowledge and practice of good public relations techniques can this catalyst be provided.

For the past ten years, under a succession of seven commanding officers, the U. S. Naval Hospital, Oakland, California (Oak Knoll) has enjoyed a uniformly good reputation for favorable public relations. From 1949 to 1953 it was the senior author's privilege to serve first as executive officer and then as commanding officer of this large teaching hospital, during which period there was ample opportunity to use and evaluate the public relations methods to be discussed in this paper.

Individually, many are commonly known and widely practiced. Collectively, they constituted a system that brought results; they worked at Oak Knoll and they should work at any other military hospital, regardless of its size or location.

The keystone of all hospital public relations is the quality of the care provided the patient and the patient's and the public's reaction to such care. Of every hundred patients in a well organized and efficiently administered naval hospital, ninety to ninety-five should be and usually are cooperative and appreciative. The remaining five to ten percent constitute those who feign or exaggerate illness or injury as a means toward quick release from the service and prompt return to civil life. This minority is always the most hypercritical, the most vociferous, and far too often the most untruthful. Therefore, the problem of patient management in a public relations sense becomes quite clear cut; we must merit and maintain the confidence and appreciation of the larger group which will aid us immeasurably in forestalling or contravening the unwarranted complaints of the few.

Of utmost importance is prompt notification of the patient's next of kin that he is in the hospital and, couched in lay language, the diagnosis, present condition, prognosis, and probable disposition in each case. Obviously, this is not necessary or possible in every instance, but if good public relations are to be maintained, it becomes imperative in certain types of cases. Regulations provide for notification by dispatch of the next of kin of critically or seriously ill patients, but other categories in which correspondence with the next of kin is of vital importance include the blind, the paraplegics, the neuro-

psychiatrics, and the amputees. At Oak Knoll it became routine to write a letter, usually within 5 days following admission, to the next of kin of each case of this type. This was time consuming but definitely worthwhile, not only from the basic standpoint of humanity, but also as a measure toward maintaining good public relations. It is true these letters engendered a great volume of return correspondence and frequently many incoming long-distance telephone calls, but the gratitude expressed by the families in their letters and conversations more than compensated for the time and effort involved.

At this point it might be well to emphasize certain procedures pertaining to our dealings with the next of kin. These were:

a. Prompt reply to all letters concerning patients. To many parents, a hospital with a census of 2,000 contains only one patient - their son. One delayed or neglected reply can undo 100 prompt ones; only by a careful system of checks and reminders can all such letters be answered expeditiously, but it must be done.

b. Careful attention to incoming telephone calls concerning patients. Frequently these are long-distance person to person calls made directly to the commanding officer, who, due to the large number of patients under his command, cannot be familiar with each individual case. At Oak Knoll, in order to give the commanding officer an opportunity to assemble the necessary information, such calls were handled in the following manner:- Regardless of his location at the time, (he might well have been sitting next to the telephone in his office), the long-distance operator was told by the commanding officer's secretary that he was "out visiting the wards" and would not be available for 30 to 45



minutes. The secretary then inquired as to the nature of the call and whether or not it concerned a patient. Only very rarely did the operators refuse to get and give the name of the patient, and having obtained this information, the secretary promised that the commanding officer would return the call as soon as he returned to his office. Note that to this point, on a person to person basis, no charge had been incurred since technically the call had not been completed. Next, from the patient's medical officer and the clinical record, the secretary obtained all pertinent information which she summarized on a typewritten card. All of this having been done, the long distance operator was dialed and the call was completed.

This procedure might be considered slightly dishonest but let us examine the results. First, as too often happens, a second call was not required because the commanding officer could not, or did not know the exact status of the patient concerned. Second, the length - and expense - of the call was lessened because there was no "holding on" while information was being obtained. Last, but by no means least, was any real harm done by giving the next of kin the impression that even the commanding officer, busy as he must be, knew all about their son's case and could answer their questions readily and intelligently? We think not.

While on the subject of the telephone it might be well to emphasize here the vital role this instrument plays in maintaining good public relations. Occasions sometimes arise where a telephone call, because of its speed and directness, may be the only means of salvaging an otherwise disastrous situation.

One afternoon a telegram was received from Congressman B--, requesting information regarding one of his constituents, a Sergeant K--, USMC,

who had been granted convalescent leave from Oak Knoll to visit his home near Boston. The indignant editor of K's-- small town newspaper had informed the Congressman that the Sergeant, a bilateral leg amputee wounded in Korea, had been forced to travel across country unattended, at his own expense, and even had to wire home for money. The editor would not divulge the source of this information but stated emphatically his intentions to front page the story in his next edition and his hope that Congressman B--, would investigate. To complicate matters, a few days earlier an uninjured Army Ex-Prisoner of War had been flown home to an adjacent community to be greeted by a parade in his honor and to be presented with an expensive automobile by his townspeople. Newspaper coverage had been voluminous and nationwide, which may have contributed to K's-- editor's discomfiture.

It took quite a little checking to bring the true facts to light. Sergeant K-- had been granted leave upon his own request and had been provided with a folding wheel chair. He had then been transferred approximately 40 miles from the hospital to Moffett Field, California in an official sedan accompanied by a Hospital Corpsman, First Class, and there placed aboard a Navy transport plane to be flown non-stop to Patuxent, Md. From there a second Navy plane had flown him to New York City where, becoming impatient to get home, he had wired his parents for funds to cover commercial transportation to Boston. With this information at hand it seemed an ideal time to "get on the 'phone".

First Congressman B-- was called in Washington and given the correct account of the Sergeant's travel. He informed us that due to the difference in time the paper had already gone to press with the anticipated

story based on the usual "reliable source". However, he assured us he would get in touch with the editor and have a retraction printed in the next edition with the correction afforded equal front page prominence as the original story. As an added precaution a second call was placed to the home of Sergeant K--. He was not in but his mother, obviously appreciative of our interest in her son, stated that neither the Sergeant nor the family felt he had been poorly treated; rather just the opposite and she would have K-- speak to the editor and tell him so. She must have done so because the second article, published the following day as Congressman B-- had promised, contained quoted statements of K-- himself which effectually spiked an otherwise sensational and unsavory story.

It might be argued that equally good results would have been obtained at less expense by means of dispatches and letters. This is very doubtful because had the original story gone uncorrected for as little as 48 hours we could have expected a deluge of correspondence not only from official sources but from outraged citizens and cranks. The cost in man hours of work in replying to these would have been far more expensive than the toll charges. The story died a natural death and no such letters were ever received.

No hospital can enjoy a good reputation unless its titular head-- the Commanding Officer--becomes a real member of the local community. Far too often the Commanding Officer, living on the reservation, develops a tendency to withdraw into a service life as opposed to a community life. Such a situation may well prove fatal as far as good Public Relations are concerned and should be avoided at all cost. Also, to a large proportion of civilians, the Commanding Officer is the hospital, and



their interest in the command is in direct proportion to the interest he shows in them.

If possible, the Commanding Officer should belong to at least one Service Club such as Rotary or Kiwanis, and in addition to attending their regular luncheons, he should make arrangements for them to hold at least one meeting a year at the hospital. These men usually show intense interest in hospital procedures and appreciate the opportunity to visit the installation, meet members of the staff, and converse with the patients. Also, the hospital can often provide speakers for these clubs' regular meetings, thus making them even better acquainted with the hospital and its problems.

Another important function of the Commanding Officer is his relationship with local chapters of the American Legion, VFW, DAV, FNRA, Navy Mothers Clubs, Gold Star Mothers, and other similar organizations. It is true that in relatively rare instances, a hot-headed member of any one of these groups may be unduly critical of the hospital, but in general these men and women are attempting to do--and 98% of the time are doing--a good job. Too often we fail to realize that their visits to the hospital are made after or outside their regular working hours, at their own personal expense and with completely selfless motivation. They should receive every courtesy and consideration at all times. Every service or gift should be promptly acknowledged in writing over the signature of the Commanding Officer. These organizations should be remembered at Christmas with cards; last Christmas Oak Knoll sent out 800 such cards to individuals and groups who had contributed to the hospital one way or another during the year. Their good will and their conviction that hospital



management had their interest at heart proved invaluable, time and again, in the management of our patients.

One frequently overlooked point in establishing good relations with the community is the extent of the hospital's participation in various local fund drives, particularly the Community Chest or United Crusade. Our doctors, nurses, corpsmen and patients and their dependents use the city streets, parks, schools and playgrounds, but usually being in a transient status, pay relatively few taxes. But we can and should contribute generously to these drives; it must be every hospital's goal to not only equal, but to exceed the per capita contribution of the local citizens. This is not too difficult if the hospital campaign is properly organized and suitable emphasis is placed upon how much we receive for so little; and no monetary value can be placed on the extra dividend of community goodwill we receive by doing our share.

We have been speaking in rather broad terms regarding community aspects of our Public Relations program, but equally important are our dealings with the individual members of this group. For example, one policy at Oak Knoll was that anyone presenting themselves at the hospital gate, regardless of age, sex, creed, or color would be admitted, examined, and if necessary, treated. They might not be held more than 24 hours, but no one would ever be turned away. As might be expected, we took in a few dead-beats and an occasional chiseler, but we also felt we saved some lives. Even when we did not save a life, we sometimes fostered good Public Relations, as this communication amply proves<sup>(1)</sup>.

There are many other occasions where a hospital may benefit Public Relations-wise by providing medical care, exhibits, pictures, and even

convalescent patients for the community. A few examples follow.

Three disastrous plane crashes occurred near Oakland within the past two years. Doctors, corpsmen, ambulances, supplies, etc., were provided by Oak Knoll hospital. The following slides show the reaction<sup>(2)</sup>.

A much more pleasant event occurred in the Spring of 1953, when the Shrine Circus requested that we provide one doctor each afternoon for the grade school children's matinees. That was an easy request to fill, because several young doctors with families volunteered readily to spend their afternoon off at the circus--complete with wife and children and at no expense to them. The repercussions were totally unexpected. Approximately 50 letters of appreciation from principals, teachers, and children were received as a result of this rather simple gesture<sup>(3)</sup>.

One effective exhibit available to any naval hospital is an iron lung demonstrated in some prominent place and operated by a member of the Navy Nurse Corps in connection with the March of Dimes program<sup>(4)</sup>. A more specialized exhibit often used at Oak Knoll was provided by the Artificial Limb Department<sup>(5)</sup>. Other hospitals might have other unusual exhibits peculiar to their specialized functions which would serve equally well. Speakers, very frequently enlisted Korean casualties, were provided for blood rallies. Convalescent patients attended community celebrations, rodeos, and so forth<sup>(6)</sup>. Needless to point out, all of these emissaries were carefully chosen and the results were uniformly good. There is no other single thing that can add more to a hospital's reputation than a happy, satisfied, and obviously well-cared-for patient.

So far in this paper we have devoted ourselves to things to do - techniques if you wish - that will aid us in our campaign for establish-

ing good public relations. But more is needed; we must have a medium through which we can bring our very existence, as well as our professional activities, to the attention of the largest possible number of people. Our most important medium in this regard is the press, but to provide the press with information we must have a well trained, tactful, and energetic Public Information Officer. Let us now consider her.

We say "her" because in naval hospitals at least, a woman Public Information Officer has certain advantages. First, she should be a permanent Civil Service employee interested in her work and likely to continue her assignment longer than any military person could be expected to do. She need not perform full-time public information duties, but may serve in a secretarial capacity as well; however, she should have had at least some formal training in Public Relations. Other desirable qualities are a pleasing personality, a neat appearance, an unruffled disposition, and since "a soft answer turneth away wrath", a well modulated voice. She will need all of these, because to paraphrase another old adage, "hell hath no fury like a newspaper editor scopped". Oak Knoll has been most fortunate in having such a Public Information Officer for the past seven years in Miss Dorothy Thompson, the co-author of this paper.

A good press is essential to any institution that expects to enjoy favorable Public Relations. This is elementary and most procedures to maintain good press relations are well known, such as, never attempting to cover up or suppress news of mistakes or unfavorable events and releasing items of general interest to all newspapers in the area at the same time rather than to only one. But it is very easy to overlook certain other things which mean just as much, and sometimes more. The



Commanding Officer and the Public Information Officer should call on the local editors and columnists at their offices. These same men might well be invited to luncheon at the hospital, followed by a tour of the wards and other facilities. Reporters and photographers should be treated courteously whenever they visit the hospital. Coffee, and if their assignments are lengthy, meals should always be provided them. A place to type and telephone are also appreciated. These personal touches may at some future date result in a call to the hospital before a derogatory or critical item is published rather than after.

Having established good relations with the press, they then become receptive to the countless human interest stories always developing in any hospital, and particularly in naval hospitals during wartime. The editors will welcome and promptly publish such articles emanating from the hospital Public Information Office thus bringing to the attention of the general public the work the hospital is doing. A few stories of this type concerning patients at Oak Knoll which were published in the local newspapers, through the Associated and United Press, and in one instance in a national magazine, will now be discussed.

Early in the Korean conflict we received a young Marine Corporal, the second quadruple amputee of this war. He made headlines across the nation on at least six occasions--when he arrived, when his mother came to see him, when he went home on leave, when he became engaged, when he was married in our station chapel, and months later when he came back for a re-fitting of his prosthetic legs and confided to his buddies the news that he was an expectant father(7).

This young man was our biggest news event of all time, but there

were interesting stories in connection with dozens of other casualties-- the amputee who roller skated for the first time in his life ten days after he started to walk on his artificial limbs, the left-handed commercial artist, who learned to paint with his right hand after losing his dominant left, and the aviator "talked down" to safety by another pilot though blinded temporarily by enemy gunfire. One story, a humorous description rich in Navy lingo told of our "brawny corpsmen" on duty in the nursery and pictured a tattooed arm supporting a newborn baby while the corpsman gave her her formula. This one made the Saturday Evening Post<sup>(8)</sup>.

Doctors and nurses were encouraged to watch for human interest material, and a public information representative interviewed each incoming casualty for a hometown press release to all Bay Area papers and the national press syndicates. The far-reaching effect of this program was reflected by a letter from a British girl who wanted to establish a pen pal business with us after reading a story about one of our patients in the London papers. Another letter to a pretty civilian worker who had posed with a DSC-winning patient was received from an Italian medical student asking if she would sponsor his entry into the United States. It was also stimulating to hear first hand from an amputee who came to us from South Africa through arrangements made by the National Research Council, that he had first learned of Oak Knoll and its Artificial Limb Department through articles published in a Johannesburg newspaper.

Widely disseminated press coverage is most gratifying but before concluding a few words of warning may be in order. In public relations work it is very easy to become over-enthusiastic and there are many pit-

falls to be avoided. For example, such elementary things as letters to the next of kin of amputees and the blind must be carefully reviewed before mailing in order to avoid confusion as to exactly which limb or which eye has been lost; an error here could be most embarrassing to the hospital and cause needless uncertainty and concern on the part of the patient's relatives. By reason of a system of careful and repeated checks, no such error occurred at Oak Knoll but nevertheless we had our share of embarrassment as the following incident will show.

Our biggest faux pas concerned a young Marine Private First Class from Missouri who had lost his right leg after being struck by mortar fragments in Korea. Upon his arrival at Oak Knoll he casually mentioned to his wardmates that he was the third combat amputee in his family. He volunteered that he was one of seven brothers, two of whom had lost limbs in World War II. Overhearing his story the ward medical officer notified the Public Information Officer who in turn called in reporters and photographers from all of the local papers. The wounded Marine gave detailed information, brother by brother and outfit by outfit. By nightfall this epic was splashed all over every newspaper in the San Francisco Bay area and the Associated Press and United Press wires were humming(9).

Came the next day and disillusionment. Through the Kansas City Star the Associated Press had checked with our patient's father in Sedalia and found him completely baffled by the story, since he had only one other son, still in possession of four sound limbs! But the greatest masterpiece of understatement came from the patient's sister who remarked:- "That Charley, he always was a great kiddor!" The next day papers from coast to coast generously used her descriptive phrase for her brother



and came out with the headlines you see here<sup>(10)</sup> - headlines we shall always remember as a reminder to go easy on the over-spectacular.

#### SUMMARY AND CONCLUSIONS

Certain aspects of public relations as they pertain to military hospitals in general and naval hospitals in particular have been presented. None of the procedures are new or revolutionary but in the aggregate it is hoped they will prove valuable to the more recently appointed commanding and executive officers of our hospitals. Confronted as we are now with continuing reductions in funds and personnel, the Medical Corps needs the backing of the general public as never before; surely we are justified in using every legitimate means at our disposal to convince them we fully deserve their good will and loyal support.

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KEY

(1) Letter from Mr. Harold Magram, Oakland, California.

(2) Letters from

H. P. Gleason, Sheriff of Alameda County, California

Bernard D. Bungarz, Coroner of Alameda County, California

Headlines and photographs, front page of Oakland Tribune, 21 April 1953.

Page of photographs, plane crash victims, Oakland Tribune, 21 April 1953.

Letter from D. P. Renda, Assistant Secretary and Attorney, Western Airlines

(3) Four letters of appreciation from school children for medical officers provided Shrine Circus, 1953.

(4) Demonstration of Iron Lung by hospital personnel in Oakland market for the March of Dimes Campaign.

(5) Artificial Limb Display, Merritt Park, Armed Forces Day 1952.

(6) Five articles and photographs in connection with the assignment of patients to participate in community and State celebrations.

(7) Article and photograph of quadruple amputees Reininger and Schultz.

(8) Saturday Evening Post article on Hospital Corpsmen attending premature babies in Dependents Service, Oakland Naval Hospital (See addendum).

(9) Article with photograph in case of Marine Pfc Charles W. Gentry.

(10) Composite headlines exposing hoax in Gentry case.

## A D D E N D U M

(Text of Saturday Evening Post Article)

### THE NAVY TAKES BABY IN HAND

By KATHLEEN MADISON

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"HEY, DOLL," the white-clad sailor said, scooping up a three-day-old baby girl, "wrap your little rosebud kisser around this." Gently thrusting a nursing bottle into the baby's tiny mouth, the sailor cradled her in his tattooed arm until the bottle was emptied. Then he deftly hoisted the dainty six-pounder to his shoulder and patted her back with a huge palm until rewarded by a ladylike burp.

Scenes like this are commonplace at Oak Knoll Naval Hospital, near Oakland, California. The shortage of nurses and nurse attendants has forced the Navy to staff the nursery of the maternity ward almost entirely with brawny young sailors, aged seventeen and up, with crew haircuts, bell-bottomed trousers and breezy seafaring lingo. All are Navy hospitalmen who have completed the concentrated eight weeks' course on nursing fundamentals at the San Diego Hospital Corps school. Most expected shipboard duty, attending ill sailors. They overlooked the fact that Navy families receive maternity hospitalization, and that someone must take care of the babies.

When first assigned to the nursery, hospitalmen fret and fidget in fear of "breaking the baby." Once past that stage, they swing easily into the routine of steering infants to a healthy start in life. The sailors take charge soon after the newborn mites arrive from the delivery room, bathe them, diaper them, and feed the bottle babies every four hours. Under the sharp eyes of a Navy registered nurse who ranks as a commissioned officer, lads who joined the Navy to see the world get a view of it that many fathers miss. Most come to like it. Their masculine efficiency as they labor over the long rows of cribs flabbergasts the starchiest nurses and most fatuous grandmothers. Infants are addressed by the sailors as "Mac," "Chum," "Mate," "Doll" and "Dirty Gerty," according to sex and other propensities.

"Well, slugger," a sailor greets a baby boy who is wailing for attention, "looks like you need a clean sweep-down, fore and aft." A few deft passes with washcloth, powder can and a fresh diaper follow.

The hospitalmen take a kindly but casual interest in the mothers, whom they see only when they trundle in the babies for feedings.

"Coming up--one tax exemption!" a hospitalman announces, plumping a hungry infant into the arms of its mother. "Let him feed slowly this time, O fountain of youth. He upchucked his breakfast." - - - - -



Unless the baby weighs six pounds or more, it cannot leave the hospital in the usual week's time after birth and becomes a "boarder" until fattened up by bottle feedings by patient hospitalmen. All formulas are prepared by the sailors under the supervision of a nurse. Underweight babies are usually sleepy, so all manner of tricks are used to keep them awake during feedings.

"Open up them great big baby-blue eyes," a sailor pleads, gently pistoning an infant's arms and legs. "C'mon, supchke, time to refuel."

While some sailors feed babies, others conscientiously swab the nursery "decks" and make up the bassinets with fresh linens. The babies themselves are bathed at the unholy hour of 2:30 A.M., when the rest of the hospital is dark and quiet. "It gets them started on a real Navy routine," one hospitalman explains with a grin.

The Navy way of bringing up a baby usually pleases service parents. As one mother puts it, "You can't beat it. When we leave the hospital, these sailors have our babies trained 'according to Navy Rules and Regulations.' That makes for smooth sailing for the parents later."